

CJA 23 Rev. 5/98		<h2 style="margin: 0;">FINANCIAL AFFIDAVIT</h2>		IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE	
IN THE CASE <u>US</u> v.s. <u>DICKERSON</u>		FOR AT		LOCATION NUMBER <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	
PERSON REPRESENTED (Show your full name) <div style="border: 1px solid black; height: 40px; width: 100%;"></div>		CHARGE/OFFENSE (describe if applicable & check box →) <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor </div>		<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> 1 <input checked="" type="checkbox"/> Defendant—Adult 2 <input type="checkbox"/> Defendant - Juvenile 3 <input type="checkbox"/> Appellant 4 <input type="checkbox"/> Probation Violator 5 <input type="checkbox"/> Parole Violator 6 <input type="checkbox"/> Habeas Petitioner 7 <input type="checkbox"/> 2255 Petitioner 8 <input type="checkbox"/> Material Witness 9 <input type="checkbox"/> Other </div> <div style="width: 35%;"> DOCKET NUMBERS <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"> Magistrate </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"> <u>091746</u> </div> <div style="border: 1px solid black; padding: 2px;"> District Court </div> <div style="border: 1px solid black; padding: 2px; margin-top: 2px;"> Court of Appeals </div> </div> </div>	

ASSETS	EMPLOY- MENT	Are you now <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Am Self-Employed Name and address of employer: _____ IF YES, how much do you earn per month? \$ _____ IF NO, give month and year of last employment How much did you earn per month? \$ _____									
	If married is your Spouse employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, how much does your Spouse earn per month? \$ _____ If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$ _____										
	OTHER INCOME	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input type="checkbox"/> No <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 45%;"> RECEIVED IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES \$ _____ </div> <div style="width: 50%;"> SOURCES _____ </div> </div>									
	CASH	Have you any cash on hand or money in savings or checking accounts? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, state total amount \$ _____									
PROPERTY	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, GIVE THE VALUE AND \$ DESCRIBE IT <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%; text-align: center;">VALUE</th> <th style="width: 60%; text-align: center;">DESCRIPTION</th> </tr> </thead> <tbody> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </tbody> </table>	VALUE	DESCRIPTION								
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OBLIGATIONS & DEBTS	DEPENDENTS	MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED OR <input type="checkbox"/> DIVORCED	Total No. of Dependents _____	List persons you actually support and your relationship to them _____ _____ _____	
	DEBTS & MONTHLY BILLS <small>(LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.)</small>	APARTMENT OR HOME:	Creditors	Total Debt	Monthly Paymt.
	_____	_____	_____	\$ _____	\$ _____
	_____	_____	_____	\$ _____	\$ _____

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date) _____

SIGNATURE OF DEFENDANT
(OR PERSON REPRESENTED)

Carl Dickerson